

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
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**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## PHARMACY EXAMINING BOARD

### INFORMATION FOR PHARMACY REMODEL REQUEST

**PLEASE NOTE: A remodel may not begin until you receive confirmation of approval directly from the Board office.**

#### **Per Wis. Admin. Code § Phar 6.04 (4) Professional Service Area Remodeling:**

Any modifications of the approved floor plan shall be submitted to and approved by the Board or its designee. Board action must be taken within 60 days.

To request a remodel with the Wisconsin Pharmacy Examining Board, please complete this form and return to the Department. The form is not complete unless all of the following information is included:

- Pharmacy name, location, and state license number.
- The managing pharmacist.
- Pharmacy store hours (Daily, Saturday, Sunday)
- List barrier and what type (if changing) per Wis. Admin. Code § 6.04 3(1).
- Enclose a copy of **current** and the **proposed** floor plan (scaled to size) indicating the location of the sink and refrigerator with the prescription counter space clearly indicated.
- Indicate if the pharmacy will be closed during the remodel. If so, please provide in detail the proposed plan for closure and transfer/storage/security for controlled substances by completing Pharmacy Closing Affidavit (**Form #606**).
- A self-inspection report must be completed for the remodeled area and submitted to the Board at the end of the remodel. This may be obtained on the Department web site at [www.dsps.wigov](http://www.dsps.wigov).
- If you are creating a separate temporary pharmacy area to be used during the remodeling of the permanent pharmacy location, you must also complete and submit to the Board a proposed floor plan for the area to be used on a **temporary basis**, along with a completed self-inspection report. This procedure must be followed to allow for Board review and approval of the temporary pharmacy area **before** beginning the remodel process of the permanent area.

Once your request is received, it will be reviewed by the Board office for further action.

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# PHARMACY REMODEL REQUEST FORM

A remodel may not begin until you receive confirmation of approval directly from the Board office. Per Wisconsin Administrative Code § Phar 6.04(4) Professional Service Area Remodeling: Any modifications of the approved floor plan shall be submitted to, and approved by the Board or its designee. Board action must be taken within 60 days.

#2866 (Rev. 10/16)  
Ch. 450, Stats.

# Wisconsin Department of Safety and Professional Services

**Pharmacy Hours:**

Daily: (open – close)

 - 

Saturday Hours: (open – close)

 - 

Sunday Hours: (open – close)

 - **Sundry Hours:**

Daily: (open – close)

 - 

Saturday Hours: (open – close)

 - 

Sunday Hours: (open – close)

 - 

**SELF-INSPECTION REPORT:** Complete a self-inspection report (**Form #2550**) and submit to the Pharmacy Board office upon completion of permanent remodel.

**Temporary remodel locations must provide a complete self-inspection report and be approved before moving to the temporary space.**

**BARRIER: Per Wis. Admin. Code Phar 6.04 3(1)\*** ☐ Yes ☐ No

**ENCLOSE CLEARLY MARKED FLOOR PLANS FOR PERMANENT AND TEMPORARY LOCATION** - Scaled to size, location of sink and refrigerator with the prescription counter space clearly indicated.

**\*Wis. Admin. Code 6.04 3(1)** – A secured, physical barrier surrounds the professional service area of the pharmacy and precludes access to the area by unlicensed personnel. A secured barrier may be constructed of other than a solid material with a continuous surface. If constructed of other than a solid material, the openings or interstices in the material shall not be large enough to permit removal of items from the professional service area by any means. Any material used in the construction of the barrier shall be of sufficient strength and thickness that it cannot be readily or easily removed, penetrated or bent. The plans and specifications of the barrier shall be submitted to the Board for approval.

I/We declare that the foregoing statements are true and correct to the best of my/our knowledge and belief; the remodel applied for is to cover only the pharmacy indicated above and at the location specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

**Requestor:** /  / **Signature****Date****Title****Printed Name**